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in Ireland

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women's journeys to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland

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Women's 'Journeys' to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland

This Research Paper presents selected findings from a primarily qualitative study of homeless women in Ireland. The study set out to conduct a detailed examination of the lives and experiences of homeless women with specific attention to their homeless 'pathways', that is, their entry routes to homelessness, the homeless experience itself and, possibly, their exit routes from homelessness. Sixty women were interviewed in depth for the purpose of the study. This paper explores the women's routes or 'journeys' to homelessness.

Key Points

- Women's homelessness was rarely a consequence of a single event, action, experience or issue; it was rather the **culmination of a complex range of experiences** which, together, resulted in housing instability and subsequent homelessness, very often on several, separate occasions.
- A majority of the women experienced multiple **adversities and deprivations during childhood**, including poverty, neglect, housing instability, difficult family situations, as well as discontinuities in their schooling.
- Women's **first experience of homelessness** frequently occurred during adolescence when they started to leave home voluntarily for short or lengthier periods.
- Twelve women (or **27%** of women who were of Irish or UK origin) reported a **history of state care**.
- The **duration of the women's homelessness varied**. However, over half of the women had experienced periods of homelessness extending for more than two years. Just over one third reported homeless histories of more than 6 years.
- A majority of women had been in **'hidden' homeless situations**, that is, they had lived in accommodation that was provided informally (by friends, family members, or in squats) rather than by housing or other service providers. Almost half had **slept rough** at some point in their lives.
- 72% of the women had experienced **violence and/or abuse during childhood** and two-thirds had experienced **intimate partner violence** in adulthood, making **gender-based violence** a strong feature of women's biographical accounts and one which was implicated either directly or indirectly in many accounts of becoming homeless.
- There was a high prevalence of **substance misuse** across the sample. Problems related to the consumption of alcohol and/or drugs often contributed to housing instability and were invariably exacerbated by the experience of homelessness.
- Half of the women had experienced **multiple episodes of homelessness**. This pattern of repeat homelessness was strong, suggesting that the homelessness of a large number remained unresolved, sometimes over many years.
- Much of the evidence points to the **interconnected roots of homelessness**. Structural disadvantage, namely poverty and deprivation across the life course, interacted with traumatic experiences, to create vulnerability to homelessness.
- A considerable number of women, particularly those with longer homeless histories, **are at the more extreme end of homelessness and other social problems**, highlighting a strong overlap between entrenched forms of homelessness and other support needs.

Introduction

There is increasing recognition that women's experiences of homelessness differ from those of men and that there is an important gender dimension to the problem of homelessness.^{1,2} Nonetheless, gender remains a lesser explored dimension of homelessness in the European context and the literature has only recently expanded to include women's experiences.^{3,4} There is a similar dearth of dedicated research on homeless women in Ireland, where it is well over two decades since the publication of the last qualitative study of homeless women.⁵ The findings presented here are drawn from an in-depth qualitative investigation of homelessness among women in Ireland and focus specifically on women's routes or 'journeys' to homelessness.

There is general consensus that homelessness is not merely a one-off 'event' and that homeless trajectories are influenced by a range of factors and not simply the product of the 'choices' made by people who experience housing instability.^{6,7} Recent research on homeless women in the UK has highlighted the dynamic and non-linear processes surrounding women's entry routes to homelessness, as well as the complexity of their homeless 'careers'.⁸ Following the argument that increased attention should be given to 'the processes through which progressive exposure to risk and an accumulation of problems eventually deplete a household's or individual's resources and precipitates them into homelessness',⁹ this paper examines the complex combination of circumstances, experiences, and events which propel women into homelessness. Rather than seeking to isolate specific pathways, we examine the interplay and accumulation of events and experiences that led women into homelessness and repeat episodes of homelessness, in many cases.

The Study

Sixty women, aged between 18 and 62 years, participated in the research. The study was primarily qualitative and incorporated a number of data collection techniques, including: (1) the conduct of a detailed **life history interview** with all participating women; (2) the administration of a **questionnaire** which aimed to collect data on women's housing and homeless histories, education, families and children, histories of violence/victimisation, criminal histories, and physical and mental health; (3) the conduct of **ethnographic observation** at four homeless service settings in Dublin city; (4) the involvement of a small number of the women in a **photography project**; and (5) the conduct of **focus groups with professionals** involved directly in the provision of services to homeless women.

The women were selected for participation through contact with numerous homeless or domestic violence services in Dublin, Cork and Galway. In order to participate, women had to be currently homeless or to have experienced homelessness during the six months prior to interview. The findings documented here draw primarily on data from the biographical interviews with sixty women. Thirty-eight of these women were interviewed in the Dublin metropolitan district and the remaining twenty-two in the two provincial cities. Pseudonyms are used throughout this document to protect the anonymity of the women. All identifiers (names of family members, friends etc.) have been removed as a further measure to preserve the women's anonymity.

The Study's Participants (N = 60)

Demographic Profile

The average age of the 60 women interviewed was 34.8 years and all were over the age of 18 years. Twenty were aged 18 to 29 years, twenty-six were between 30 and 39 years, six were aged 40 to 49 years, and the remaining eight women were over the age of 50 years.

Thirty-eight of the women were Irish born, six of whom were Irish travellers. A further five women were born in the UK (three of whom had one or both parents of Irish nationality and had moved to Ireland during their teenage years). Thus, a total of 43 of the 60 women interviewed were of Irish or UK origin. The remaining 17 women were born outside Ireland or the UK and migrated to Ireland in later life, typically between the ages of 20 and 30 years.

Living Situations at Time of Interview

At the time of interview, almost half ($n = 28$) were living in emergency accommodation. The majority of these women occupied emergency beds in women-only services and a smaller number were living in mixed singles or couples hostel accommodation. A further twelve women were living in various transitional accommodation types. Thus, two-thirds ($n = 40$) lived either in emergency or transitional homeless accommodation. Others resided in a variety of settings including domestic violence refuges ($n = 4$), long-term supported accommodation ($n = 4$), temporarily with a family member or friend ($n = 3$), a house that was in extremely bad repair ($n = 1$), or on the street ($n = 1$). Seven women had recently entered private rented accommodation following a period of homelessness. Of the sixty women interviewed, nine were living in 'wet' hostel facilities, that is, services which permit alcohol consumption on the premises.

Education, Employment Status and Sources of Income

The educational attainment of Irish and UK participants was low. Twenty-one women (just over one third) had no formal educational qualifications and a further thirteen had progressed to Junior Certificate level before leaving school early. Many women reported low levels of engagement with the school system and often talked about their schooling in a negative light, describing strained relationships with their teachers as well as difficulties with the rules and structures imposed upon them. A range of issues, including difficult home situations, were reported by a large number to have impacted negatively on their schooling.

“After school I was walloped over homework, spellings, I could never get [pause], it was always two out of ten [right] or whatever. Irish, I could never learn it, I was walloped for homework and I always got notes coming home, why this, why that and I couldn't explain it; I could never tell [of the sexual abuse]”
(Maeve, age 43).

The study's migrant women reported higher levels of educational achievement, with sixteen of the seventeen interviewed having completed Leaving Certificate equivalent educational level or higher. Nine had a third-level qualification, at either degree or diploma level.¹⁰

Only one woman was employed at the time of interview and almost all were financially dependent on social welfare payments. However, four of the migrant women were not eligible for welfare benefits for reasons related to their immigration status and a further five did not satisfy the Habitual Residence Condition and, consequently, were not eligible for state support (see Research Paper 2, *Migrant Women and Homelessness* for further detail). Two women had no regular source of income and survived on a combination of charity donations and earnings from begging. Nine had engaged in sex work, either recently or in the past, as a means of generating income.

Relationship Status and Children

Approximately one third ($n = 21$) of the women were in a relationship at the time of interview. The partners of thirteen of these women were also homeless and living with them in a hostel that supported couples ($n = 7$), in a separate hostel ($n = 3$), sleeping rough ($n = 2$), or staying with friends ($n = 1$). The partners of two of the women were incarcerated and one woman was sleeping rough with her partner at time of interview. Twenty-seven were married but all were either separated or living apart from their husbands at the time of interview.

Forty-four of the women (over two thirds) were either mothers or expectant mothers (four women) at time of interview. The majority of these women had between one and three children; however, three women had seven children and another had eight. Three women were pregnant with their first child at the time of interview and a fourth was expecting her third child. Of the 105 children of the women interviewed, 77 children were under the age of eighteen years, 49 of them under the age of twelve. Twenty-one mothers reported that one or more of their children were currently in the care of the Health Service Executive (15 children), living with a relative (17 children), or living with their fathers (7 children). Fourteen mothers (eleven of them migrant women) were the full-time carers of their children at time of interview.

The Women's Homeless Histories

The duration the women's homelessness varied and their homeless histories were complex. Twelve had been homeless for less than six months at the time of interview and a further thirteen for between six months and two years. Therefore, approximately 40% of the women reported homeless histories of between a number of months and two years.

A larger number reported far more lengthy homeless histories, with over half of the women ($n = 34$) having experienced periods of homelessness which, in total, had extended for *more than two years*. Seven of these women had homeless histories of between six and ten years and a further fourteen reported more than eleven years of homelessness. The reported number of years spent homeless was not necessarily consecutive; many of the women had moved to more stable housing at some point but subsequently returned to homelessness.

Thirty, or half of the women, had experienced homelessness on *multiple occasions*, having exited for a period and subsequently returned to homelessness. These temporary exits from homelessness were characterised by their discontinued use of emergency hostels for a period (of usually more than six months), most often at a point when they secured private rented accommodation. A smaller number moved temporarily to local authority, transitional, or long-term supported housing. These housing situations were not sustained for various reasons (see later section on Returns to Homelessness) and the women subsequently returned to homelessness. This pattern of *repeat homelessness* was strong, suggesting that, for a large number, homelessness was cyclical and recurring. It also means that many of the women had *multiple entry points* to homelessness. Those women with homeless histories of more than five years tended to have complex needs and were more likely to report substance misuse, to have had interaction with the criminal justice system, and to report a greater number of mental health problems.

First Experiences of Homelessness

The age and circumstances of women's initial entry into homelessness provide important insights. Eighteen of the women (30%) had experienced homelessness for the first time as children, i.e. under the age of 18 years. Four of these had entered homelessness directly from a care setting and reported high levels of instability, often related to multiple care placements. A larger number ($n = 14$) described a gradual transition out of the family home into homelessness, often reporting a pattern of 'staying out' or 'running away' and residing with friends or relatives for a period of days or weeks. This cycle of 'running' and returning home often continued for some time, as their absences from the family home gradually became more prolonged. A significant number of these women reported sleeping rough during their teenage years, often in locations close to their homes.

“I used to stay, we had a shed out the back, I used to stay in the shed or on the street [Did you stay with friends at all?] Not when I was 13, they would all be in school and I wouldn't be able to stay in theirs, it was too young” (Kate, age 23).

A further fourteen women (23%) first experienced homelessness as young adults between the ages of 18 and 25 years. Six had entered homelessness directly from the family home, while others had lived independently or with a partner for a period before becoming homeless. In general, those women who first experienced homelessness prior to the age of 25 years reported longer histories of homelessness, more chaotic lifestyles, as well as more complex needs related, in many cases, to traumatic childhood experiences, drug and alcohol misuse, and/or mental health problems, than those who entered homelessness in later life.

For fifteen women (25%) (nine of them migrant women), first homelessness occurred between the age of 26 and 35 years. Domestic violence featured prominently in the narratives of these women, with many reporting that they had moved directly from living with their partners and/or children to a homeless hostel

or domestic violence refuge. A majority of these women had lived in private rented accommodation prior to first becoming homeless.

Another ten women became homeless for the first time over the age of 36 years. These women usually entered homelessness directly from the private rental sector or social housing where they had lived with a partner and/or their children ($n = 7$), shared accommodation with others ($n = 2$), or lived alone ($n = 1$). Finally, three women, all with lengthy histories of state care (see below for further detail on women with histories of state care), self-identified as 'always homeless'; in other words, they felt that they had never had a place they could call 'home'. It was not possible to ascribe an age range to the first homeless experiences of these women.

Hidden Homelessness and Rough Sleeping

A large number of the women had spent significant periods of time in 'hidden' homeless situations, that is, living in accommodation that was provided informally rather than by housing or other service providers. In this sense, they were invisible from homeless services and hidden from statistical counts and estimates of homelessness. Staying with friends or a family member as a temporary solution to a housing crisis was the most common form of hidden homelessness reported. One woman explained that she *"was staying with friends, in me father's, me auntie's, you know every surface or sofa you may call it, that's what I did"* (Laura, age 33). Women sometimes sought the help of friends or family members in an effort to avoid contact with homeless services. However, for a range of reasons, these informal arrangements invariably broke down.

"I have been living with my auntie but I had no room or anything. I would sleep on the couch or if there was a bed free I would sleep in one of the beds. But, other than that like, I had no wardrobe or anything. I need a stable house like. Because I am nearly 19 now so ... it has been hard like all my life, living with other people" (Emma, age 18).

Case Study: Gráinne, age 31

Gráinne, who was interviewed in a food centre in Dublin's city centre, had spent eight years homeless but had never accessed emergency hostel accommodation. She grew up in a violent home and was sexually abused for several years from the age of 11. She initiated heroin use at 13 and entered homelessness with her partner, also a drug user, at the age of 20: *"I left my house through my own accord, I wasn't kicked out. But at the same time it was like a lunatic's asylum with two alcoholics who used to beat each other seven days of the week"*.

On becoming homeless, she avoided homeless hostel accommodation, in part out of fear but also because she did not want to associate with other homeless people. She and her partner moved between a number of backpackers' hostels for a period but, as their lives became more chaotic, they started to sleep rough and continued to do so for a four-year period. Her situation became more chaotic during her twenties when she suffered sustained intimate partner violence, became involved in sex work in order to finance her everyday needs, and developed serious physical health problems related to her drug use.

At the time of interview Gráinne was living in her family home but felt very disconnected from her parents: *"I feel like I am a lodger, I'm not even part of the family, I feel like I'm someone they just took in off the street"*. She often stayed temporarily with a sister or with friends. Daily life was extremely stressful at the time of interview; her partner was living in transitional housing and she continued to struggle with addiction issues, although she had enrolled in a drug treatment programme. Her preference was to try to secure private rented accommodation. She was very anxious about the future and her main concern was that *"I don't become homeless again"*.

Although rough sleeping is more commonly associated with homeless men, 27 of the women (45%) had slept rough at some time in their lives. Sixteen of these women had slept in outdoor locations for a period exceeding one month, several of whom had experienced rough sleeping for notably prolonged periods, sometimes for a number of years. Sleeping places were usually sought in hidden and sheltered locations away from the gaze of by-passers and included parks, hidden street-based settings, buses, cars, sheds, and building sites. The women were usually accompanied by others – a partner or group of friends or acquaintances – and often gave graphic accounts of the hardships and perils of sleeping rough.

“ [Were you anxious on your own rough sleeping?] Yeah! God definitely. Especially on your own, like if there is someone with ya sleeping in a car or wherever it’s not too bad, it’s okay. But I have slept in cars a few times when I was on me own and I was scared shitless. I would be like there in the back seat with me coat over me head like. You know, just trying to fall asleep and you would wake up and it would be morning, and the night would be over ” (Caoimhe, age 35).

The case study on page 5 (Gráinne, age 31) helps to illuminate the pattern of ‘hidden’ homelessness and rough sleeping reported by a significant number of the women.

Women’s Journeys to Homelessness

The study’s biographical approach yielded detailed narratives on the women’s early life experiences. These accounts provide an important backdrop to the processes leading to housing instability and their subsequent homelessness. This section starts with an exploration of women’s narratives of ‘growing up’, many of which were dominated by accounts of childhood poverty and deprivation. A large number of women experienced a combination of physical and sexual abuse during childhood while a considerable number reported histories of state care. The focus then shifts to women’s more recent experiences, focusing in particular on their accounts of gender-based violence and substance misuse. The complex interaction of circumstances, events and experiences *across the life course* is a core focus of this analysis and one which is explored further in a later section which examines women’s returns to homelessness.

Poverty and Deprivation during Childhood

The women’s narratives typically referenced a range of adversities and deprivations during childhood, including accounts of poverty, neglect, housing instability, family conflict, as well as discontinuities in their schooling. A majority had grown up in low income households in deprived areas; parental substance misuse and housing instability also featured in many accounts. Debbie, who had spent much of her childhood in Bed and Breakfast (B&B) accommodation with her mother and siblings, is one of many who had vivid memories of hardship, neglect and deprivation during childhood.

“ There was never food in the house, nothing like that, we had a dog that didn’t get fed, so when I was about six then, I went to free play school from the [charitable organisation] for a while and they used to feed you there ... But I used to come in with bruises and dirty clothes on and whatever, so they had to have noticed but nothing was ever said to me about it ” (Debbie, age 27).

Many of the women reported some form of housing instability during childhood. For example, some had resided with relatives for prolonged periods as children and a number of others had spent time in one or more homeless hostels with a parent, usually their mother. These periods of family homelessness were sometimes related to the loss of housing for reasons linked to parental drug or alcohol misuse while others described leaving the family home with their mothers who were fleeing domestic violence. This pattern of intergenerational homelessness was particularly striking in the case of those women who had returned as adults to the same homeless accommodation where they spent time in as children. Bríd, aged 40, was interviewed in a homeless hostel where she and her siblings had spent several weeks as children. She had

vivid memories of that experience and explained her reluctance to return there when she first became homeless as an adult: *"Well I thought this place [hostel] would be an awful place like because I was actually here a long time ago, when my Mam and we were all young"*.

Karen had similarly spent much of her childhood in B&B accommodation with her parents, both of whom she reported to have had a drug problem. Her reflections on her current situation evoked difficult memories of family homelessness during childhood.

"It kind of does feel like the first time I'm after becoming homeless [And what type of thoughts?] Just when you're lying in your bed, you're thinking about like years ago, all the things what your Ma and Da used to be doing, like lying down, like we all had to share one room, just lying in your bed like it's bringing that back" (Karen, age 26).

A considerable number of the women reported that a care obligation had been placed upon them at a young age when they found themselves largely or solely responsible for the care of younger siblings. This development was most often associated with household difficulties, which ranged from income poverty, to parental mental health problems and/or drug or alcohol misuse. Gráinne's account is illustrative of the responsibilities that a considerable number had to take on board at a young age.

"Like I felt like that I was the mother like, from the time I could boil a kettle and that, I was cooking and making tea because me mother just was depressed, out of her head and drinking, and stayed in bed all the time ... So I was 11 and I was getting up during the night, feeding a baby, changing her nappy, doing this, the teething, the crying, dirty nappies, the runny noses, the doctors ..." (Gráinne, age 31).

Strained relationships with parents often featured in the women's accounts. Some reported fraught relationships with mothers who were felt to have failed to nurture or protect them: *"My mother thought this [sexual abuse by stepfather] was non-existent, it never happened, it was just a case of an eight-year-old wanting her mother and father back [together], that is the way she picked it up"* (Isobel, age 21). Difficult relationships with stepparents, particularly stepfathers, were also frequently mentioned by the women.

In general, the study's migrant women reported greater stability during childhood. However, five had experienced violence in their homes during childhood and three reported alcohol abuse by their fathers. None reported homelessness during childhood.

Histories of State Care

Twelve of the women, all of Irish or UK origin (that is, 27% of participants who were of Irish/UK origin) reported that they had spend either short or prolonged periods of their childhoods in state care. Some had entered the care system subsequent to a period of running away from home during their teenage years and typically reported multiple care placements over a period of several years. All who reported histories of state care experienced housing instability upon reaching adulthood. For example Ruth, now aged 24, had left her last care setting at the age of 18 years. Since that time she had had a succession of short-term tenancies in the private rental sector, most often in substandard accommodation. Ruth, like others with a history of state care, talked about the difficulties of adjusting to life outside of the care system.

"Yeah, it was very hard [in care] and you'd learn like not to socialise with some people because I don't know them and stuff, so that was kind of a bit hard too and you were just kind of opening up getting used to people in [care settings] and then you are out in the real world" (Ruth, age 24).

Four of the women, all over the age of 50, had spent lengthy periods in an industrial school or orphanage as children and all talked about the long-lasting negative impact of that experience. They typically reported a range of mental health problems, difficulties in making meaningful connections with others, and subsequent problems with securing and sustaining housing. Fionnuala explained the impact of growing up in an industrial school.

“So we were starved of parents, we were starved of love ... for children like me, who hadn’t an iota of any connection with human beings and to this day ... and because of that, that is why I would say I am sitting here today talkin’ to you. Because [growing up in an industrial school] it has affected my life, grossly ... I would say that and a lot of children who grew up in institutions either became alcoholics, they became drug addicts, they became prostitutes, they became homeless, or they committed suicide. They opted out” (Fionnuala, age 58).

She went on to explain that she felt unable to cope with independent living situations as an adult following years of institutional care.

“I felt very lonely, terribly frightened because I was never able, I would not have been able, even at 25 years of age to live on my own. If you put me into a room or a bedsit, I would have died because I did not know how to live. I wouldn’t have lived, I’d have died” (Fionnuala, age 58).

The accounts of those women with histories of state care always emphasised their lack of preparedness for independent living, their social isolation, and poor access to appropriate services and supports.

Violence and Abuse during Childhood

Forty-three of the women (72%) had experienced some form of violence or abuse as children. Thirty of these (four migrant and twenty-six non-migrant women) had experienced domestic violence in their homes during childhood, either as victims or witnesses. The perpetrator of this violence was most often their father, although a small number reported violence on the part of their mother or brother. Parental alcohol or drug use featured strongly in these accounts of domestic violence.

“There would have been a lot of violence at home, my father, he was always drinking like and I suppose just fighting and stuff like that and he was just always arguing with my mother, they didn’t get on at all like, they were just always arguing. I wouldn’t really sleep that much at night like. I remember I used to wet the bed and stuff” (Leah, age 22).

Twenty-eight, including five migrant and twenty-three non-migrant women, reported sexual abuse during childhood. This abuse had occurred in a state care setting in the case of four of the women. However, in a majority of cases sexual abuse was experienced in the family home and the perpetrator (father, uncle, brother, neighbour) was always known to the women. Fear of ‘telling’ was a dominant theme in these narratives of abuse.

“I was brought into the room ... I knew it was wrong, I was told I’d be killed if I ever said anything ... after he [father] beat my mother up, I used to always watch the handle of my door and you’d see the handle coming down like that and you knew something was going to happen” (Maeve, age 43).

Five of the women reported a pregnancy arising from sexual abuse during their mid- to late adolescent years. Two miscarried during early pregnancy and the remaining three women went on to give birth. The children of these women had been placed in foster care or in the care of a relative from infancy. All five women described distressing emotional journeys associated with these pregnancies.

An additional six women reported rape during adolescence by a male who was often, but not in all cases, known to them. Two of these women had been hospitalised for several weeks because of the severity of their injuries. Georgia, who was twenty-three, attributed many of her subsequent difficulties including depression, heroin addiction, and homelessness to the violent attack she experienced at the age of fifteen.

“Yeah [the rape] was part of nearly everything being honest with you ... Say like even with me moving out of me home in [area of Dublin] because that’s where he raped me and, like I couldn’t face looking at it, any time I’d look at it flash backs was coming to me, that’s where I got threw out of the car and me clothes, nothing on me, do you know what I mean, I was brought straight to hospital” (Georgia, age 23).

Many of the women had left home on one or numerous occasions during their teenage years in an effort to escape violence, abuse or neglect. This pattern of 'running' and staying in the home of a friend or relative often continued for a considerable time before they first made contact with homeless services. Grace, who was 31, had run away from her father's house at the age of 15 and lived in a squat with friends for a period of one year: *"I ran away from me Dad because he was starting to hit, to lash out on me and I was squatting for a year"*. Zoe similarly reported a pattern of leaving her home in a rural locality where she and her mother experienced severe physical abuse by her father.

"I'd end up hitching a lift to [nearby city], ringing people seeing if I could stay with them and then they'd [parents] turn around and ring the guards saying I ran away ... So then if the guards ever did come to the house they'd [parents] say, 'Look she's a problem child, she's always running off'" (Zoe, age 19).

As stated earlier, first experiences of homelessness often occurred well before the age of eighteen. A large number told of a host of home-based difficulties that negatively affected their well-being and, in some cases, posed a significant risk to their safety. Amid mounting pressure, many embarked on a pattern of 'running' from violent home situations and spent significant periods of time in 'hidden' homeless situations.

Gender-based Violence across the Life Course

Fifty-five (92%) of the women in the study had experienced some form of violence or abuse during their lifetimes. A large number reported multiple episodes of violence, with 33 women (55%) having experienced violence during *both* childhood and adulthood. The perpetrators of this violence were almost always known to the women and, during adulthood, the abuses they experienced were most often inflicted by an intimate partner. Isobel, quoted below, who had been physically and sexually abused in her home during childhood, subsequently experienced abuse by an intimate partner.

"I fell pregnant when I was 19. I was living in [city in Northern Ireland] at that stage with [partner] for a year. I was in a domestic violence relationship, I couldn't go outside, I wasn't allowed wear clothes going to bed. I was thrown into a bath of cold water by him ... I was battered black and blue; make-up wouldn't hide the bruises that I was given. I'm still scarred for life with arm bruises ... It was a terrifying experience ... How I got out of the situation, I lost my child at six months pregnant" (Isobel, age 21).

Two-thirds of the women ($n = 40$) reported intimate partner violence and twelve of these women had experienced violence from more than one partner. Thirteen of the seventeen migrant women and twenty-seven of the forty-three non-migrant women had experienced intimate partner violence. A majority reported a combination of physical, emotional, economic, and sexual abuses prior to leaving their homes and most had endured these abuses over sustained periods. Their reasons for remaining in abusive relationships were complex but always highlighted their subordinate position in these relationships. Most were financially dependent on their intimate partners; many feared that they would lose their children in the event of leaving, while others did not have sufficient information on available supports.

"I never ever heard of a refuge in my life. They have very bad publicity about refuges and I don't think [pause], women don't know that they are there, that they exist" (Bernadette, age 37).

These women found themselves in the difficult position of having to choose between domestic violence and homelessness.

"So I had my first child when I was twenty-one, that's when he starts hittin' me, when I was three months pregnant he starts hittin' me ... And sometimes I would leave him and go home, back to me Ma's and she would say like, 'Well you must like gettin' hit if you keep going back to him', you know. I just, people don't understand why you keep going back to him. It's a fear of being on your own I think, like if you've got a home" (Bernadette, age 37).

Periods of 'hidden' homelessness, such as those reported by Bernadette above, were common and many had moved temporarily out of their abusive home situations, sometimes on several occasions. The themes of secrecy and control permeated women's accounts of intimate partner violence.

“ I couldn't do anything. I was actually a prisoner in that house at times. If I went down to meet a friend for a coffee I would get it for the whole week ” (Imelda, age 34).

“ He [partner] wouldn't let me see my family, he was completely controlling like, you know. He used to lock the door, there were two chub locks and they were locked so I couldn't go out like ... You couldn't go out and you couldn't say hello to people on the street, you had to walk with your head down ... ” (Donna, age 34).

Approximately eighteen women attributed their homelessness either directly or in large part to the experience of violence or abuse. In the account below Isobel talked about the role of sexual abuse by her stepfather in her first homeless experience at the age of thirteen.

“ [Sexual abuse] affected my life in many ways as in I became homeless when I was 13 and I ended up in drugs, alcohol, and I ended up on the streets ” (Isobel, age 21).

Others similarly talked directly about the role of violence in the loss of their homes.

“ Well I blame, I always blame my husband, you know, because if he hadn't of been so violent I would still have my home, you know ” (Donna, age 34).

However, not all women linked the experience of domestic or other forms of violence or abuse with the events and circumstances leading *directly* to their homelessness. While gender-based violence emerged as a recurring theme in the narratives, women's perceptions of the impact of violence on their lives and of the role of violence in precipitating their homelessness, in particular, varied. As demonstrated, some attributed their homelessness directly to violent victimisation during childhood or as adults. Women, on the other hand, who had complex needs, related in particular to substance misuse and/or mental health problems, often depicted the experience of domestic or other forms of violence or abuse as secondary to these or other challenges.

For a large number, a range of challenges accompanied the experience of violence. Prominent among these, particularly among non-migrant women, was drug and/or alcohol misuse, which also made them vulnerable to further or more frequent episodes of physical or emotional abuse. As highlighted earlier, many had moved in and out of homelessness over a period of several years and these women typically reported a whole range of 'triggers' and circumstances associated with their homelessness, both at different junctures and over time.

Women's experiences of violence were not restricted to the private settings of their homes but also included victimisation in public settings, most often subsequent to their becoming homeless. For example, a number had been 'beaten up' or had had personal belongings stolen. These were usually isolated incidents of violence, unlike the sustained abuse many had experienced in their homes. They usually occurred in homeless or street-based settings and were therefore a consequence rather than a cause of their homelessness. Those women who engaged in sex work were particularly vulnerable, as Isobel's account demonstrates.

“ People in the same line of work as me, through prostitution, through drugs, through drink, through people that didn't care less, through drug dealers, pimps, all those types of people, I stayed in their places. And they weren't the nicest of places, do you know, you've pimps coming in, people you worked for coming in, and battering you, hitting you ... ” (Isobel, age 21).

Gender-based violence featured prominently in the life histories of a large number of the women. Experiences of violence and abuse were implicated in the homelessness of a very considerable number, even if the dynamics underpinning the relationship between women's homelessness and gender-based violence were variable and complex. Additional experiences of violence frequently occurred subsequent to women's first experience of homelessness, further complicating the role of gender-based violence in women's entry routes to homelessness. However, these patterns of re-victimisation were also implicated in women's returns to homelessness (see later section). Gender-based violence always carried negative repercussions, affecting women's ability to manage various aspects of their lives, including their housing.

Substance Use and Misuse

The link between substance misuse and housing instability is well documented in the literature, even if the dynamics of this relationship remain unclear. Thirty-seven (60%) of the women, three of them migrant women, reported either a current ($n = 32$) or past ($n = 5$) substance abuse problem. Both alcohol and drug use featured in their substance use histories. Ten women stated that alcohol was their current primary substance of misuse and a further two a combination of alcohol and cocaine use. The remaining women ($n = 22$) were users of heroin, which they most often consumed in combination with other drugs including benzodiazepines, cocaine, and crack cocaine.

A number of the women attributed their homelessness directly to a drug or alcohol dependency: "If I wasn't drinking alcohol, I wouldn't be sitting here talking to you now" (Carol, age 39). However, close examination of the data suggests that substance misuse was rarely the only issue implicated in the loss of stable housing. More often, the women's narratives pointed to several overlapping challenges and adversities. For example, a number reported that a combination of the aggressive or violent behaviour of their partners and their own drug or alcohol use had resulted in the loss of private rented accommodation, sometimes on more than one occasion. For Carol, this combination had resulted in a cyclical pattern of movement in and out of private rented accommodation.

“ Well there was two [flats], that is going back a while, there was another one then with two bedrooms, me and [son] were there, that's when he [partner] put my windows in, all of them with a hatchet. Then I went up to my mum's, then I got another flat with two bedrooms and that got destroyed as well by him, by [partner]. I think that is when I went into the homeless place. And yeah, I went to [another provincial town] for a bit, I got another flat, it didn't last me two minutes, it was like a bedsit ”(Carol, age 39).

There was also evidence to suggest that women's drug or alcohol use was associated with one or a combination of traumatic life experiences, often not known to individuals close to them or to the 'outside' world. For example, a considerable number recounted ways in which they had used alcohol or drugs to "block out" or mask distressing experiences associated with violence, abuse, bereavement, or a combination of these experiences. Of those women who had experienced child sexual abuse or sexual violence during their adolescent years ($n = 28$), two-thirds reported a drug or alcohol use problem. Gráinne, who initiated heroin use at the age of sixteen, explained that heroin helped her to cope.

“ It [heroin] also made me feel bullet proof, do you know what I mean, I was full of confidence and felt that if he [uncle] came near me that I would be able to stand up for myself, do you know what I mean ”(Gráinne, age 31).

Many others reported the use of alcohol or drugs to alleviate the trauma of physical and emotional abuse by an intimate partner.

“ I was so relaxed, you know, nothing could bother me, nothing at all like ... I was hiding away from everything, every time he [partner] was shouting, telling me what to do, it was just [pause], that [heroin] was my escape from reality ”(Grace, age 31).

A number of women also acknowledged that their drug or alcohol use increased their exposure to the risk of victimisation, particularly in contexts of domestic violence.

“If he seen me with drink on me it would make things worse. Anything like that, it’s different for me, you know that way? He’s not a real drinker, he never was [pause]. So, careful with him or you’d get a bloody hiding, he’d lose his temper, you know” (Nancy, age 60).

While drug or alcohol misuse preceded first homeless experiences in most cases, the experience of homelessness itself invariably exacerbated the problem. Caoimhe, who had failed to sustain several tenancies, described the challenge of “getting clean” when living in hostel environments.

“When you are in like emergency accommodation and the hostels like, whatever, it’s just no way you can get clean. I don’t know whether there is any hostel around that there is no addicts, it’s nearly all addicts in them, or alcoholic or whatever. You know? It’s very hard to get clean if you are in hostels. Really hard because it’s just all around you” (Caoimhe, age 35).

Finally, drug use was strongly implicated in the criminal activity of the thirty women who reported one or more criminal charge. Shoplifting was the most commonly reported offence, followed by public order and drug-related offences. Liz, who had a lengthy history of criminal justice contact, explained the onset of her offending. She was one of eleven women with a history of incarceration.

“He [partner] went to prison ... And that’s when the shit really hit the fan. I had to start scoring for my own habit and I didn’t know what to do to support it ... So I started shoplifting up till, eh, me last charge was eight months ago and it’s still going on. I was shoplifting for me habit, I was going out robbing and I spent most of me life then in and out of prison ...” (Liz, age 38).

Substance misuse posed significant challenges for a large number of the women and had negative consequences for their health and well-being. For the majority, drug and alcohol use preceded first homeless experiences and some women attributed the loss of housing to problems arising from alcohol or drug use. However, substance misuse was rarely the sole presenting issue or problem at the time women first entered homelessness. Furthermore, problems related to drug or alcohol consumption were invariably exacerbated by the homeless experience itself.

Returns to Homelessness

As already stated, half of the women reported multiple episodes of homelessness, making repeat homelessness a significant feature of their homeless ‘journeys’. It is therefore important to examine these multiple entries to homelessness as well as the events and ‘triggers’ precipitating the women’s returns to homelessness.

The experiences and circumstances associated with returns to homelessness were multifaceted and most often involved a combination of issues and adversities. It was nonetheless possible to identify a number of ‘triggers’ associated with these returns to homelessness. In some cases, the ‘trigger’ was linked to the transition from institutional settings, including places of detention, psychiatric hospitals, or state care facilities. Reports of problems encountered subsequent to leaving prison capture the challenges faced by women at the point of leaving institutional settings. All who reported histories of incarceration (eleven in total) had lengthy homeless histories and also confronted major difficulties in securing housing subsequent to leaving prison. Upon release, many moved directly to emergency hostel or other unstable accommodation, which most often served to further entrench them in a cycle of housing instability, drug use, and repeat offending. Debbie is one of a number who had embarked on a cycle of moving between prison and hostel services.

“I could be here [hostel] for five days, in prison for two days back out for one day, back in prison for two days, back out for three days back in prison for a week. [Upon release] I’ve never been given any [stable accommodation], these are the places that I get, like here, the [hostel 1], [hostel 2], that is all they’ll give me” (Debbie, age 27).

Many others had experienced problems with sustaining their tenancies. Practically all who had exited homelessness via the private rental sector reported that the accommodation they had accessed was substandard or inadequate. Whilst these living situations were viewed as preferable to hostel life, women experienced difficulties in sustaining them over time. Conflict with landlords, associated with rent arrears and/or anti-social behaviour, was also a factor in the loss of tenancies. Crises of various kinds relating to domestic violence, drug or alcohol consumption, and a general inability to cope in private rented accommodation, were also frequently reported. Carol described a number of crises and events that led to the loss of accommodation.

“ I got a rented flat and I just got, I suppose, I got depressed and, I don’t know, I started drinking more heavily, you know, at night time. And then I went into, I kept getting into these violent relationships and then eventually [son] had to go off and stay with my mum, windows being broken, losing deposits and everything ... ” (Carol, age 39).

Carol’s ties to housing had been tenuous for many years, as detailed in the case study below. She had repeatedly moved between private rented accommodation and homelessness prior to her most recent homeless episode.

Case Study: Carol, age 39

Carol was born in the UK but moved to Ireland with her family during her early teens. Her father was a heavy drinker and she had experienced domestic violence in her home during childhood. At 17, she returned to the UK and worked in a low-paid service sector job for a number of years. She became pregnant at the age of 21 and a short time later her partner was incarcerated. Carol lived alone with her child in local authority housing for a number of years where she soon grew lonely and depressed and began to consume large quantities of alcohol on a daily basis. Unable to cope, at the age of 26, she returned to Ireland to live with her mother in a medium-sized town in the West of Ireland.

Violent relationships, heavy drinking, and extreme housing instability all featured in the next thirteen years of her life. For several years she had moved between private rented accommodation and rough sleeping. The frequent breakdown of housing was closely related to the violent behaviour of her then partner: *“He kicked my door in, so I got thrown out of that. It has just been hell”*.

At 29, her son went to live with Carol’s mother on a permanent basis, after which, her consumption of alcohol again increased. She often slept rough in a nearby park as there was no homeless accommodation in the town where she lived: *“I was on the streets drinking vodka, I didn’t cope like”*. During that time, she was arrested on several occasions for shoplifting and public order offences and was also incarcerated for short periods.

In more recent years, Carol continued to move in and out of private rented accommodation, punctuated by periods in service settings, including homeless hostels, residential alcohol treatment settings, and domestic violence refuges. At the time of interview she was living in an emergency homeless hostel for single women.

A large number of the women had embarked on a cycle of exiting and returning to homelessness, often punctuated by periods of ‘hidden’ homelessness. Accounts of deteriorating mental health were strongly associated with the experience of repeat homelessness.

“ I’m stressed out and I just don’t see, I don’t know, I just can’t go through with it, everything’s getting worse like, instead of getting better ... And like I suppose we’re all in the same boat down there [in the emergency hostel], we all rely on drink and drugs and we don’t see any other future ” (Roisín, age 37).

Reports of depression were widespread across the sample; eighteen of the women were currently using anti-depressant medication and a further twenty had been prescribed anti-depressants in the past. Fifteen had spent a period of days or weeks in a psychiatric hospital at some time and five women had re-entered homelessness following discharge from a psychiatric service. Maeve (age 43) described the psychiatric hospital where she had spent time on several occasions as “a second home”. Upon discharge at various junctures, Maeve explained that she was careful not to tell prospective landlords that she had spent time in a psychiatric hospital - “I let on I was in the general hospital” – fearing that this would reduce her chance of securing a tenancy.

As noted earlier, problems related to drug and alcohol consumption were almost always exacerbated by each consecutive episode of homelessness. Women’s physical health also deteriorated and this was particularly the case for those who had been sleeping rough and/or heavily involved in drug or alcohol use. Many with longer homeless histories reported depression and feelings of despair. Karen explained the consequences of “becoming homeless again”. Her account describes her seclusion and invisibility; she only went outdoors to tend to absolute needs, preferring to remain in the ‘safe haven’ of emergency hostel accommodation.

“ Well, when I first became homeless, then after that I was clean [not using drugs] and then becoming homeless again it’s driven me back to the first time I did become homeless ... For the past two weeks, I’ll just get up, I’ll go into town, I’ll get heroin, I’ll come back, I’ll do it and I’ll just sit around all day long. I don’t even bother to go out anywhere, I couldn’t even be bothered, I just want to stay in all the time ... ” (Karen, age 26).

Grace had a long history of episodic homelessness, having run away from home for the first time at the age of twelve. During her teenage years she had spent a year living in a squat with a friend. She was twenty-two at the time she accessed homeless accommodation for the first time and, since then, had exited and returned to homelessness on numerous occasions. Grace was a ‘heavy end’ drug user and had experienced domestic violence in her family home and, subsequently, during adulthood in the context of two intimate relationships. She attributed her homelessness to her drug use but also commented that she had started taking drugs “to escape from the problems I was having”. An experienced service user, her account of hostel life draws attention to risk of “getting stuck” in a cycle of emergency hostel use.

“ Yeah, I just don’t want to go back in there [to emergency hostel] because you get stuck in there, you just kind of give up on yourself. You end up there too long. Especially in [wet hostel]. I love them [the hostel staff] to death but like they make it so comfortable for you and they kind of leave you to it so, well I just found there is no structure or anything ... ” (Grace, age 31).

Income poverty, and an inability to manage and sustain rent and utility payments were factors in women’s returns to homelessness, as were substance misuse and gender-based violence. There is some evidence, therefore, of an overlap between the experiences and processes associated with women’s first and subsequent homeless episodes. Critically, however, a compounding effect was evident, with each ‘new’ or additional episode of homelessness leading to a deterioration in women’s physical and mental health and heightening the risk of ‘chronic’ homelessness.

Conclusion

The women's stories of becoming homeless resist easy categorisation, highlighting the diversity and complexity of their experiences. Multiple roots and contextual factors were replete in their accounts of becoming homeless with an apparent compounding effect with each consecutive or 'new' homeless episode in the case of a large number. Whilst not an experience common to all in the study, multiple entry points to homelessness emerged as a key feature of the women's homeless 'journeys'.

Over half of the women were under the age of 25 years when they first experienced homelessness, 30% of them under the age of 18. Reports of 'hidden' homelessness were extremely common, making the phenomenon of 'invisible' homelessness a strong feature of women's stories. Irrespective of the age of first homelessness, many had attempted to negotiate their way through homelessness by concealing their situations and seeking alternatives to homeless hostel accommodation. Indeed, women often commuted between 'official' and 'hidden' homelessness, leaving hostel accommodation and staying with family members or friends for a period but subsequently returning to homeless service settings. The most extreme manifestation of homelessness, sleeping rough, was reported by close to half of the women interviewed.

Poverty has long since been identified as one of the structural factors undermining the capacity of women to establish and maintain independent homes, thus directly contributing to an increased risk of homelessness.¹ Many of the women had experienced structural disadvantage including poverty and deprivation, as well as housing instability and family homelessness, in some cases, during childhood. A considerable number reported histories of state care while a large number entered into adulthood with limited or no educational qualifications. For most of their adult lives a majority had been financially dependent on welfare payments and, with the exception of migrant women who tended to report higher educational achievement, most had few credentials that would enable them to enter the labour market.

Traumatic experiences such as child sexual abuse and/or intimate partner violence or abuse interacted with a host of disadvantages related to women's poverty, their limited educational achievement, and low labour market participation. Reports of gender-based violence were prevalent across the sample and were implicated, either directly or indirectly, in the homelessness of a significant number of the women. The relationship between gender-based violence and homelessness is clearly complex and is one which merits further analysis in a separate paper. What is clear is that the experience of violence or abuse had a serious negative and long-lasting impact on women and their ability to resolve their homelessness.

Consistent with research conducted elsewhere, which has found high rates of multiple homeless episodes among women in both family and single-adult shelters,¹¹ a large number of the women had experienced homelessness on several occasions, having exited for a period but subsequently returned to homeless or domestic violence service settings. These women were often interacting with a range of services and systems, including drug treatment settings, the criminal justice system, mental health services, and housing systems, both during and after either short or more lengthy periods of stable housing. In other words, they had 'journeyed' through a host of systems of intervention and were most likely well-known within multiple service settings. Meanwhile, with each 'new' homeless episode, they became exposed to additional, cascading risks, which further compromised their ability to sustain stable housing.

Homeless women are clearly not a homogenous group. Whilst this paper has identified experiences common to many, the findings have also drawn attention to a diverse range and sequence of events associated with women's homelessness. First homeless experiences occurred during childhood or adolescence for a considerable number while others entered homelessness in later life; some had experienced relatively short periods of homelessness and many others had become homeless on several separate occasions over a period of many years. It is also important to draw a distinction

between migrants and non-migrants in the study. For example, while some migrant women reported hardships during childhood and a smaller number experienced physical or sexual abuse as children, they generally reported greater stability during childhood. Migrant women had higher levels of educational attainment, as well as stronger histories of labour market participation, and far fewer reported alcohol or drug-related problems.¹⁰ Intimate partner violence was an experience that migrant and non-migrant women shared and one which 'triggered' homelessness in many cases, even if the process and consequences of leaving abusive relationships were diverse.

Much of the evidence presented points to the interconnected roots of homelessness. It also highlights a strong overlap between experiences of more entrenched forms of homelessness and other support needs. Women reported challenges and difficulties at varying levels and types of complexity but many, particularly those with longer homeless histories, are at the more extreme end of homelessness and other social problems. Evidence of multiple needs and exclusions was particularly apparent among those who reported histories of detention or institutional care (state care settings, psychiatric hospitals), substance misuse, and/or high levels of trauma and vulnerability, often linked to patterns of re-victimisation. These women's ties to housing have been tenuous over many years and their ability to make long-term exits from homelessness is seriously constrained. They are also extremely vulnerable to 'falling through the gaps' in policy and service provision and prone to being viewed through a succession of professional lenses; substance misuse, criminal justice, homelessness, domestic violence, mental health, and so on.¹² This intersection between homelessness and other support needs highlights the importance of co-ordinated responses to homelessness that are sensitised to gender differences associated with the process of becoming homeless and the experience of homelessness itself.

Finally, the findings presented highlight several dimensions of gendered experience and 'identity'. The extent of reported gender-based violence itself signals the importance of gender and suggests that some of the reasons for women's homelessness may differ to those of men. The manner in which women negotiated or managed their homelessness, frequently through actions or strategies that served to conceal their situations, is also suggestive of ways in which gender can define the experience of homelessness. The 'invisibility' of homeless women also reminds us that the experience of homelessness can carry different implications across the gender spectrum. Likewise, the propensity for women to re-enter homelessness following an exit spell, suggests that women may experience unique barriers to sustaining housing.

Homelessness in Ireland, as elsewhere, has been generally viewed as a phenomenon that primarily affects men.¹³ Consequently, gender-specific dimensions of homeless situations and experience have been neglected within both homelessness research and policy. Throughout Europe, services for homeless people have been historically modelled on 'provision for an archetypal homeless male' and frequently 'display little gender sensitivity'.¹ While individuals who experience homelessness will share many experiences, irrespective of their gender, a failure to adequately appreciate the distinct and sometimes unique situations of homeless women can result in a failure to develop responses that are appropriate to women's needs.⁸ Gender perspectives on housing and homelessness are important for a whole host of reasons but primarily because they can critically inform and influence policy and help to ensure that services work appropriately and effectively to meet the needs of homeless women.

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